

# L04 0000 36 800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

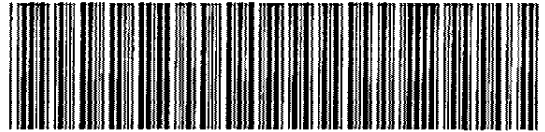
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*5/14/04  
JMS*

Office Use Only



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05/07/04--01061--005 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -7 PM 3:34

**FILED**

**IncAdvantage.com, Inc.**

[REDACTED]

51 Everett Drive, Suite B-60  
P. O. Box 927  
West Windsor, NJ 08550-0927  
877-462-2388  
Fax: 609-716-0820

May 5, 2004

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32314

RE: Buckland LLC

Dear Sir/Madam,

Enclosed in duplicate are the Articles of Organization and check for \$155.00 to cover the cost of filing.

**IF THE ABOVE NAME IS NOT AVAILABLE ENCLOSED ARE THE FOLLOWING CHOICES:**

- 2<sup>ND</sup>: Buckland Services LLC**
- 3<sup>RD</sup>: Buckland Associates LLC**

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth  
Encls.

04 MAY - 7 PM 3:34  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Buckland LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zulma M. Howarth  
(Name of Person)

IncAdvantage.com, Inc.  
(Firm/Company)

PO Box 927  
(Address)

West Windsor, NJ 08550-0927  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zulma Howarth at ( 877 ) 462-2388  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 MAY -7 PM 3:34  
**FILED**

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

May 4 2004 5:30PM  
May 4 2004 4:52PM

No. 1198 P. 3/4  
No. 1197 P. 2

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Buckland LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

27241 Hidden River Court

Bonita Springs, Florida 34134

**Mailing Address:**

27241 Hidden River Court

Bonita Springs, Florida 34134

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

George F. Raymond

Name

27241 Hidden River Court

Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs

FLORIDA 34134

City, State, and Zip

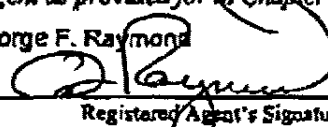
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -7 PM 3:34

**FILED**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

George F. Raymond

  
Registered Agent's Signature

May 4. 2004 5:30PM  
May 4. 2004 4:52PM

No. 1198 P. 4/4  
No. 1197 P. 3

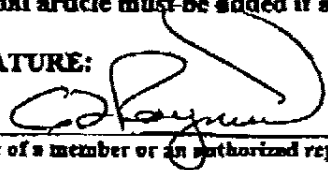
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>George F. Raymond</u>
	<u>27241 Hidden River Court</u>
	<u>Bonita Springs, Florida 34134</u>

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George F. Raymond - Member

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY - 7 PM 3:34

FILED

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)